

| FORM<br>1<br>GENERAL  |  | U.S. ENVIRONMENTAL PROTECTION AGENCY<br>GENERAL INFORMATION<br>Consolidated Permits Program<br>(Read the "General Instructions" before starting.) |    | I. EPA I.D. NUMBER  |  |
|---|--|---|----|---|--|
| LABEL ITEMS   |  | PLEASE PLACE LABEL IN THIS SPACE  |    | GENERAL INSTRUCTIONS  |  |
| I. EPA I.D. NUMBER  |  |   |    | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |  |
| III. FACILITY NAME  |  |   |    |   |  |
| V. FACILITY MAILING ADDRESS   |  |   |    |   |  |
| VI. FACILITY LOCATION   |  |   |    |   |  |
| II. POLLUTANT CHARACTERISTICS   |  |   |    |   |  |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> . |  |   |    |   |  |
| SPECIFIC QUESTIONS  |  | Mark "X"  |    | SPECIFIC QUESTIONS  |  |
| A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)  |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)  |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)   |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)  |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)  |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)  |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)  |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)   |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)   |  | YES   | NO | FORM ATTACHED   |  |
|   |  |   | X  |   |  |
| III. NAME OF FACILITY   |  |   |    |   |  |
| 1 SKIP <b>PECAN Farms</b>   |  |   |    |   |  |
| IV. FACILITY CONTACT  |  |   |    |   |  |
| A. NAME & TITLE (last, first, & title)  |  |   |    |   |  |
| 2 <b>Thomas Cook OWNER</b>  |  |   |    |   |  |
| B. PHONE (area code & no.)  |  |   |    |   |  |
| 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70   |  |   |    |   |  |
| V. FACILITY MAILING ADDRESS   |  |   |    |   |  |
| A. STREET OR P.O. BOX   |  |   |    |   |  |
| 3 <b>7487 Lankford Hwy</b>  |  |   |    |   |  |
| B. CITY OR TOWN   |  |   |    |   |  |
| 4 <b>OAK HALL</b>   |  |   |    |   |  |
| C. STATE  |  |   |    |   |  |
| 5 <b>VA</b>   |  |   |    |   |  |
| D. ZIP CODE   |  |   |    |   |  |
| 6 <b>23416</b>  |  |   |    |   |  |
| VI. FACILITY LOCATION   |  |   |    |   |  |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER   |  |   |    |   |  |
| 5 <b>7487 Lankford Hwy</b>  |  |   |    |   |  |
| B. COUNTY NAME  |  |   |    |   |  |
| 6 <b>Accomack</b>   |  |   |    |   |  |
| C. CITY OR TOWN   |  |   |    |   |  |
| 6 <b>OAK HALL</b>   |  |   |    |   |  |
| D. STATE  |  |   |    |   |  |
| 5 <b>VA</b>   |  |   |    |   |  |
| E. ZIP CODE   |  |   |    |   |  |
| 6 <b>23416</b>  |  |   |    |   |  |
| F. COUNTY CODE (if known)   |  |   |    |   |  |
|   |  |   |    |   |  |

VII. SIC CODES (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

**C. STATUS OF OPERATOR** (Enter the appropriate letter into the answer box: if "Other," specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

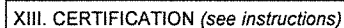
## X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)

|                            |
|----------------------------|
| C. RCRA (Hazardous Wastes) |
|----------------------------|

X1. MAP

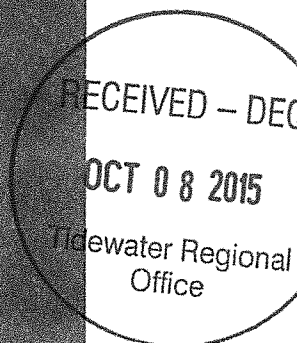
XII. NATURE OF BUSINESS (provide a brief description)



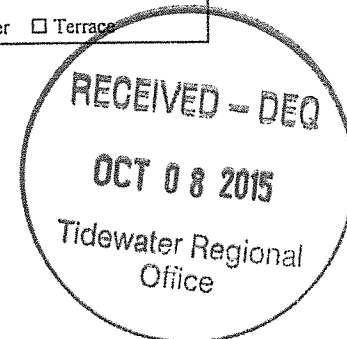
COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)

| EPA I.D. NUMBER (copy from Item 1 of Form 1)   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
|--|--|---|-----------------------|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|---------------------------------|--|---|--|----------------------------------|--|---|---------|--|--|--------------------------------|--|---|--|-------------------------|--|--|--|---|
| <b>FORM<br/>2B<br/>NPDES</b>   | <b>EPA</b><br>U.S. ENVIRONMENTAL PROTECTION AGENCY<br>APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER<br>CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES   |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>I. GENERAL INFORMATION</b> <span style="float: right;">Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input type="checkbox"/></span>   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>A. TYPE OF BUSINESS</b>   | <b>B. CONTACT INFORMATION</b>  | <b>C. FACILITY OPERATION STATUS</b>   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input checked="" type="checkbox"/> 1. Concentrated Animal Feeding Operation (complete items B, C, D, and section II)<br><br><input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)  | Owner/or Operator Name: <u>Thomas Cook</u><br>Telephone: ( <u>757</u> ) <u>709-3713</u><br>Address: <u>7487 Hank Ford Hwy</u><br>Facsimile: ( <u>757</u> ) <u>824-3150</u><br>City: <u>Oak Hall</u> State: <u>VA</u> Zip Code: <u>23416</u>  | <input checked="" type="checkbox"/> 1. Existing Facility<br><br><input type="checkbox"/> 2. Proposed Facility |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>D. FACILITY INFORMATION</b><br>Name: <u>Thomas Cook Poultry Farm</u> Telephone: ( <u>757</u> ) <u>709-3713</u><br>Address: <u>7487 Hank Ford Hwy</u> Facsimile: ( <u>757</u> ) <u>824-3150</u><br>City: <u>Oak Hall</u> State: <u>VA</u> Zip Code: <u>23416</u><br>County: <u>Accomack</u> Latitude: <u>37.54620</u> Longitude: <u>-75.81415</u><br><br>If contract operation: Name of Integrator: <u>Mountaire Farms LLC</u><br>Address of Integrator: <u>PO Box 1320 Millsboro DE 19966</u> |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>A. TYPE AND NUMBER OF ANIMALS</b>   |  | <b>B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE</b>  |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>1. TYPE</b>   | <b>2. ANIMALS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">NO. IN OPEN CONFINEMENT</th> <th style="width:50%;">NO. HOUSED UNDER ROOF</th> </tr> <tr><td><input type="checkbox"/> Mature Dairy Cows</td><td></td></tr> <tr><td><input type="checkbox"/> Dairy Heifers</td><td></td></tr> <tr><td><input type="checkbox"/> Veal Calves</td><td></td></tr> <tr><td><input type="checkbox"/> Cattle (not dairy or veal calves)</td><td></td></tr> <tr><td><input type="checkbox"/> Swine (55 lbs. or over)</td><td></td></tr> <tr><td><input type="checkbox"/> Swine (under 55 lbs.)</td><td></td></tr> <tr><td><input type="checkbox"/> Horses</td><td></td></tr> <tr><td><input type="checkbox"/> Sheep or Lambs</td><td></td></tr> <tr><td><input type="checkbox"/> Turkeys</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Chickens (Broilers)</td><td style="text-align: center;">130,000</td></tr> <tr><td><input type="checkbox"/> Chickens (Layers)</td><td></td></tr> <tr><td><input type="checkbox"/> Ducks</td><td></td></tr> <tr><td><input type="checkbox"/> Other: Specify _____</td><td></td></tr> <tr> <td colspan="2" style="text-align: center;"> <b>3. TOTAL ANIMALS</b> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">130,000</div> </td> </tr> </table> | NO. IN OPEN CONFINEMENT   | NO. HOUSED UNDER ROOF | <input type="checkbox"/> Mature Dairy Cows |  | <input type="checkbox"/> Dairy Heifers |  | <input type="checkbox"/> Veal Calves |  | <input type="checkbox"/> Cattle (not dairy or veal calves) |  | <input type="checkbox"/> Swine (55 lbs. or over) |  | <input type="checkbox"/> Swine (under 55 lbs.) |  | <input type="checkbox"/> Horses |  | <input type="checkbox"/> Sheep or Lambs |  | <input type="checkbox"/> Turkeys |  | <input checked="" type="checkbox"/> Chickens (Broilers) | 130,000 | <input type="checkbox"/> Chickens (Layers) |  | <input type="checkbox"/> Ducks |  | <input type="checkbox"/> Other: Specify _____ |  | <b>3. TOTAL ANIMALS</b> |  | <div style="border: 1px solid black; padding: 5px; display: inline-block;">130,000</div> |  | 1. How much manure, litter, and wastewater is generated annually by the facility? <u>450</u> tons _____ gallons<br><br>2. If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? <u>.25</u> acres<br><br>3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? <u>450</u> tons _____ gallons |
| NO. IN OPEN CONFINEMENT  | NO. HOUSED UNDER ROOF  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Mature Dairy Cows   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Dairy Heifers   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Veal Calves   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Cattle (not dairy or veal calves)   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Swine (55 lbs. or over)   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Swine (under 55 lbs.)   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Horses  |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Sheep or Lambs  |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Turkeys   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input checked="" type="checkbox"/> Chickens (Broilers)  | 130,000  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Chickens (Layers)   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Ducks   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <input type="checkbox"/> Other: Specify _____  |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <b>3. TOTAL ANIMALS</b>  |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">130,000</div>   |  |   |                       |  |  |  |  |                                      |  |  |  |  |  |  |  |                                 |  |   |  |                                  |  |   |         |  |  |                                |  |   |  |                         |  |  |  |   |

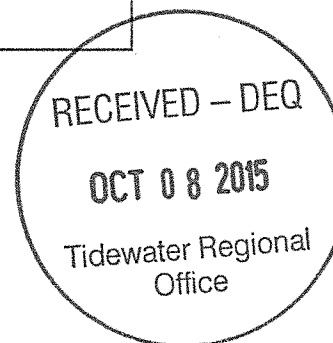


|   |                             |                               |  |
|---|-----------------------------|-------------------------------|--|
| <b>C. <input type="checkbox"/> TOPOGRAPHIC MAP</b>  |                             |                               |  |
| <b>D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY</b>   |                             |                               |  |
| 1. Type of Containment  | Total Capacity (in gallons) |                               |  |
| <input type="checkbox"/> Lagoon   |                             |                               |  |
| <input type="checkbox"/> Holding Pond   |                             |                               |  |
| <input type="checkbox"/> Evaporation Pond   |                             |                               |  |
| <input type="checkbox"/> Other: Specify _____   | 100,000                     |                               |  |
| 2. Report the total number of acres contributing drainage: _____ acres  |                             |                               |  |
| 3. Type of Storage  | Total Number of Days        | Total Capacity (gallons/tons) |  |
| <input type="checkbox"/> Anaerobic Lagoon   |                             |                               |  |
| <input type="checkbox"/> Storage Lagoon   |                             |                               |  |
| <input type="checkbox"/> Evaporation Pond   |                             |                               |  |
| <input type="checkbox"/> Aboveground Storage Tanks  |                             |                               |  |
| <input type="checkbox"/> Belowground Storage Tanks  |                             |                               |  |
| <input type="checkbox"/> Roofed Storage Shed  | 100                         | 475                           |  |
| <input type="checkbox"/> Concrete Pad   |                             |                               |  |
| <input type="checkbox"/> Impervious Soil Pad  |                             |                               |  |
| <input type="checkbox"/> Other: Specify _____   |                             |                               |  |
| <b>E. NUTRIENT MANAGEMENT PLAN</b>  |                             |                               |  |
| Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.  |                             |                               |  |
| 1. Please indicate whether a nutrient management plan has been included with this permit application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                             |                               |  |
| 2. If no, please explain:   |                             |                               |  |
| 3. Is a nutrient management plan being implemented for the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                             |                               |  |
| 4. The date of the last review or revision of the nutrient management plan. Date: <u>7-1-14</u>   |                             |                               |  |
| 5. If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:  |                             |                               |  |
| <b>F. LAND APPLICATION BEST MANAGEMENT PRACTICES</b>  |                             |                               |  |
| Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:   |                             |                               |  |
| <input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace |                             |                               |  |





| III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS   |                                |                   |   |   |             |
|--|--------------------------------|-------------------|---|---|-------------|
| A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.  |                                |                   | B. Indicate the total number of ponds, raceways, and similar structures in your facility. |   |             |
| 1. Outfall No.   | 2. Flow (gallons per day)      |                   | 1. Ponds  | 2. Raceways   | 3. Other    |
|  | a. Maximum Daily               | b. Maximum 30 Day | C. Provide the name of the receiving water and the source of water used by your facility. |   |             |
|  |                                |                   | <div style="font-size: 2em; font-family: cursive;">WELL'S<br/>Daily</div>                 |   |             |
|  |                                |                   | 1. Receiving Water  | 2. Water Source   |             |
|  |                                |                   |   | <div style="font-size: 2em; font-family: cursive;">WELL'S<br/>Daily</div> |             |
| D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.  |                                |                   |   |   |             |
| 1. Cold Water Species  |                                |                   | 2. Warm Water Species   |   |             |
| a. Species   | b. Harvestable Weight (pounds) |                   | a. Species  | b. Harvestable Weight (pounds)  |             |
|  | (1) Total Yearly               | (2) Maximum       |   | (1) Total Yearly  | (2) Maximum |
|  |                                |                   |   |   |             |
| E. Report the total pounds of food during the calendar month of maximum feeding.   |                                |                   | 1. Month  | 2. Pounds of Food   |             |
| IV. CERTIFICATION  |                                |                   |   |   |             |
| <i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i> |                                |                   |   |   |             |
| A. Name and Official Title (print or type)   |                                |                   | B. Telephone ( 757 ) 709-3713   |   |             |
| Thomas Cook<br><div style="font-family: cursive; font-size: 1.5em;">Thomas Cook</div>  |                                |                   | D. Date Signed  |   |             |
|  |                                |                   | <div style="font-size: 1.5em; font-family: cursive;">9-17-15</div>                        |   |             |



# Pecan Farm Location/Hydrology

RECEIVED - DEQ

MAR 18 2016

Tidewater Regional  
Office



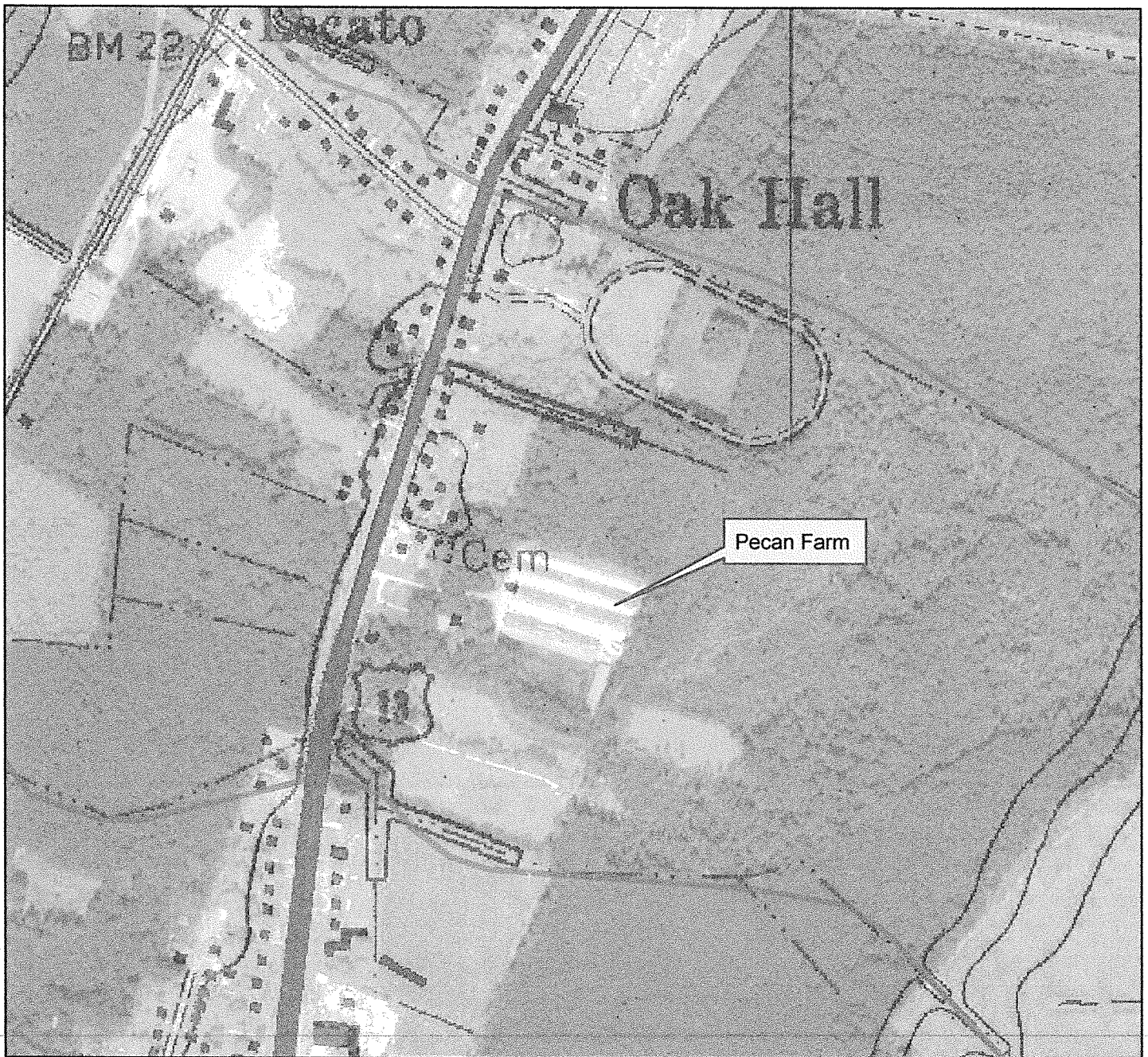
## Legend

— Hydrology\_Accomack County

1,000 0 1,000 2,000 3,000 4,000  
Feet



# Pecan Farm Location/Hydrology



## Legend

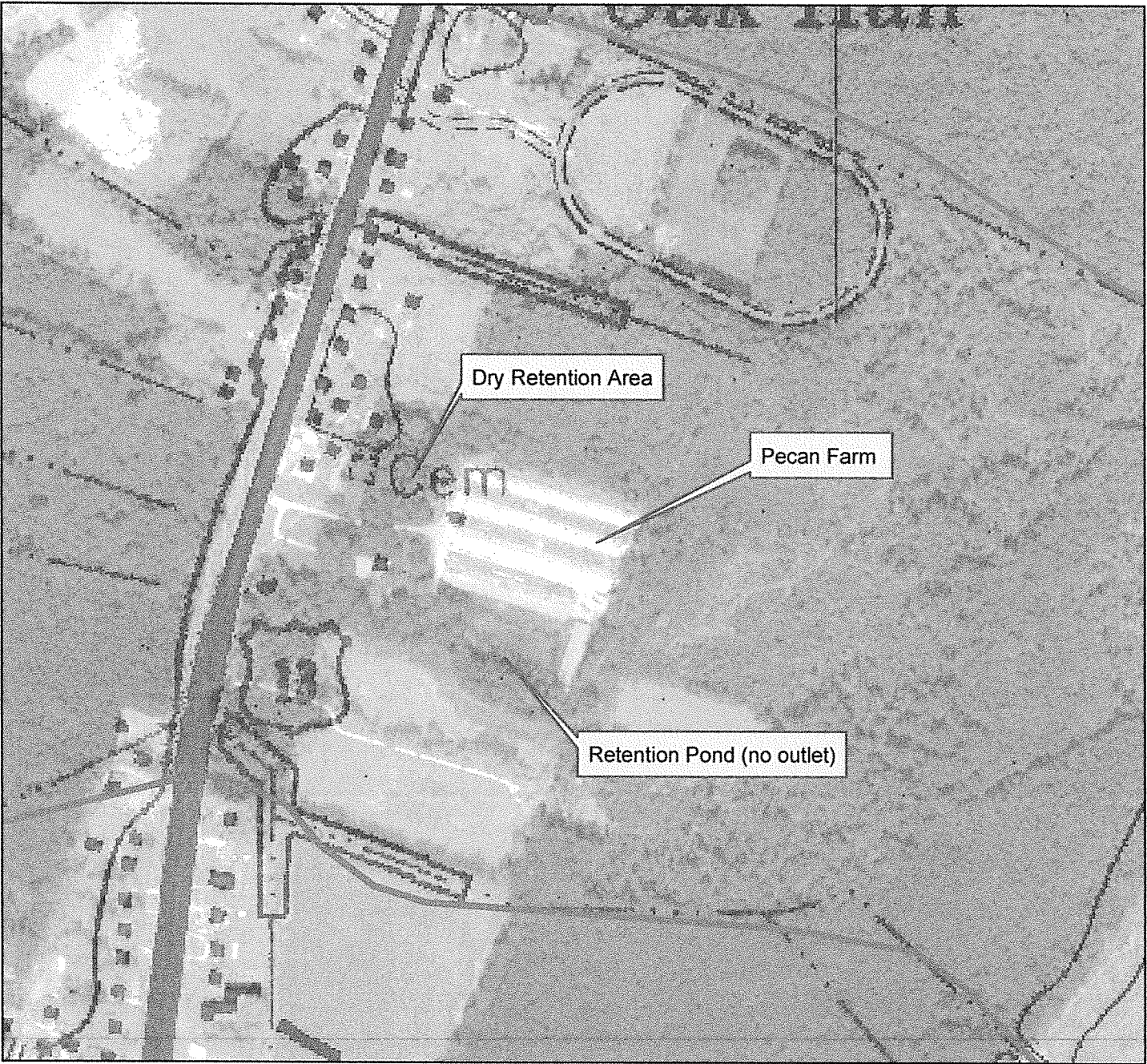
— Hydrology\_Accomack County

375 0 375 750 1,125 1,500 Feet





Pecan Farm Location/Hydrology



Legend

Hydrology\_Accomack County



**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT  
CONCENTRATED ANIMAL FEEDING OPERATIONS**

**PERMIT APPLICATION ADDENDUM**

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

For DEQ Use Only:

Complete: Yes ☐ No ☐

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**I. CONTACT INFORMATION**

|   |                           |               |              |             |  |
|---|---------------------------|---------------|--------------|-------------|--|
| Owner Name:   | Thomas Cook               |               |              |             |  |
| Mailing Address:                                      | 7487 Lankford Hwy         |               |              |             |  |
| City:   | Oak Hall                  | State:        | Va           | Zip Code:   | 23416                                  |
| E-Mail Address:                                       | TCookSR52 @ HotMail . Com |               |              |             |  |
| Business Phone:                                       | 757-709-3713              | Mobile Phone: | Same         | Home Phone: | 757-824-3150                           |
| Best day of the week & time to contact the applicant: | Day(s)                    |               | Time(s)      |             | <input checked="" type="checkbox"/> AM |
|   | Mon & Fri                 |               | 10AM To 6 PM |             | <input checked="" type="checkbox"/> PM |

**II. FARM/FACILITY INFORMATION**

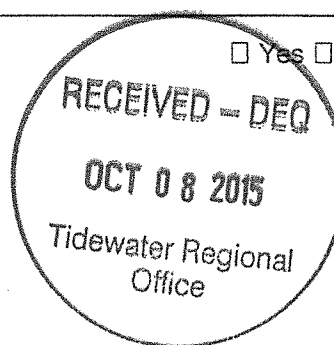
|   |   |                        |  |
|---|---|------------------------|--|
| Farm/Facility Name:                         | Thomas Cook                             |                        |  |
| Location:                                   | 7487 Lankford Hwy Oak Hall Va 23416     |                        |  |
| Does Farm/Facility have an existing permit? | <input checked="" type="checkbox"/> Yes | VP6250023              |  |
|   | <input type="checkbox"/> No             | If yes, Permit Number: |  |

**III. FARM OPERATING MANUAL**

- A. Has a Farm Operating Manual been developed for this facility? ☐ Yes ☒ No
- B. If yes, provide the date of the last review/revision of the Farm Operating Manual. Date: N/A
- C. A copy of the Manual (if already developed) is attached: ☐ Yes ☐ No.  
The attached copy may be a hard copy or an electronic copy.

**IV. GROUNDWATER MONITORING PLAN**

- A. If the facility has an existing permit, is groundwater monitoring required? ☐ Yes ☒ No
- B. If yes, has a Groundwater Monitoring Plan been developed for this facility? ☐ Yes ☐ No ☒ N/A
- C. If yes, provide the date of the last review/revision of the Groundwater Monitoring Plan. Date: \_\_\_\_\_
- D. If no, please explain: \_\_\_\_\_
- E. A copy of the Plan (if already developed) is attached: ☐ Yes ☐ No ☒ N/A  
The attached copy may be a hard copy or an electronic copy.



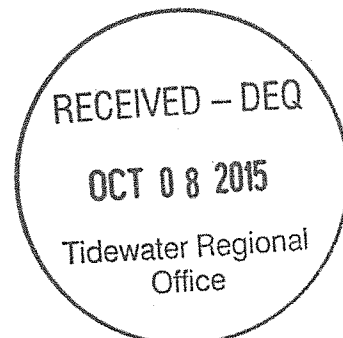
## IX. CHEMICAL HANDLING METHODS

Attach to this Addendum, a description of the practices, procedures and methods which will be followed to ensure that chemicals and other contaminants handled at the facility are not disposed of in any manure, process wastewater, or storm water storage or treatment system unless such systems are specifically designed to treat such chemicals and other contaminants. These same practices, procedures and methods shall be included in the Farm Operating Manual. *The attached copy may be a hard copy or an electronic copy.*

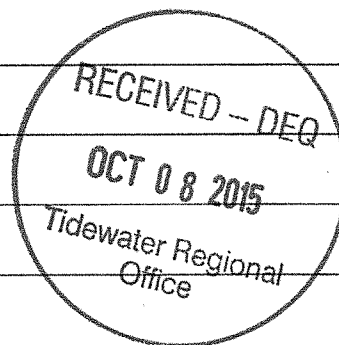
## X. CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Thomas Cook Official Title: DWENER  
Signature: Thomas Cook Date: 9-17-15







**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT (VPDES)  
CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFOs)**

**PERMIT APPLICATION ADDENDUM ATTACHMENT - MORTALITY DISPOSAL METHODS**

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

**OWNER/FARM/FACILITY INFORMATION**

|                     |                                     |
|---------------------|-------------------------------------|
| Owner Name:         | THOMAS COOK                         |
| Farm/Facility Name: | PECAN FARM                          |
| Location:           | 7487 Hankford Hwy Oak Hall Va 23416 |

Each Large CAFO covered by the VPDES Individual CAFO permit must implement additional measures stipulated in the Effluent Limitation Guidelines (ELGs) found in section 40CFR412.37 (a)(4) and stated in the VPDES CAFO Individual Permit. Furthermore, the use of a disposal pit for routine disposal of daily poultry mortalities is a violation of this permit. This prohibition does not apply to the emergency disposal of dead poultry done according to regulations adopted pursuant to § 3.2-6002 or Chapter 14 (§ 10.1-1400 et seq.) of Title 10.1 of the Code of Virginia. The Permittee shall record methods of mortality management and practices as required by Part I C. 11.

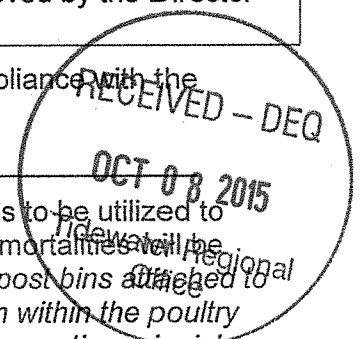
In accordance with the ELGs: Mortalities must not be disposed of in any liquid manure or process wastewater system, and must be handled in such a way as to prevent the discharge of pollutants to surface water, unless alternative technologies pursuant to §412.31(a)(2) and approved by the Director are designed to handle mortalities.

1. Indicate the mortality disposal method or methods to be utilized to ensure compliance with the permit. (check the appropriate box or boxes below)

☐ Render ☒ Compost ☐ Incinerate ☐ Landfill ☐ Other: \_\_\_\_\_

2. In the space provided below, describe the mortality disposal method or methods to be utilized to ensure compliance with the permit. Include a description of the site where the mortalities will be handled. {i.e.; all routine daily mortality will be disposed by composting in compost bins attached to the poultry litter shed. Poultry carcasses will be picked up on a daily basis from within the poultry houses. These carcasses will be added to the compost pile using accepted composting principles. The poultry litter shed is located on-site behind the poultry houses at the Northwest end of the property.}

|   |
|---|
| All Routine Daily Mortality will be disposed by Compost |
| Bins Attached to the Poultry Litter Shed Poultry        |
| Carcasses will be picked up on a daily basis from       |
| within the Poultry houses These carcasses will          |
| be added to the Compost Pile using accepted             |
| Composting Principles The Poultry Litter shed is        |
| located on-site behind the Poultry houses at the        |
| NorthEast End of the Property                           |



**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT (VPDES)  
CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFOs)**

PERMIT APPLICATION ADDENDUM ATTACHMENT – CHEMICAL HANDLING METHODS

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

## OWNER/FARM/FACILITY INFORMATION

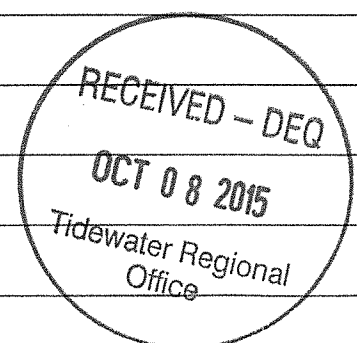
|                     |                                     |
|---------------------|-------------------------------------|
| Owner Name:         | Thomas Cook                         |
| Farm/Facility Name: | Pecan Farm                          |
| Location:           | 7487 Lankford Hwy OAK Hall Va 23416 |

Each CAFO covered by the VPDES Individual CAFO permit must operate and maintain the CAFO in accordance with §9VAC25-31-200 E.1.e. of the regulation and stated in the VPDES CAFO Individual Permit.

In accordance with the regulation and permit: Chemicals and other contaminants handled at the facility must not be disposed of in any manure, process wastewater, or storm water storage or treatment system unless such systems are specifically designed to treat such chemicals and other contaminants.

1. In the space provided below, provide a description of the practices, procedures and methods which will be followed to ensure that chemicals and other contaminants handled at the facility are not disposed of in any manure, process wastewater, or storm water storage or treatment system unless such systems are specifically designed to treat such chemicals and other contaminants. These same practices, procedures and methods shall be included in the Farm Operating Manual. *{i.e.; all chemicals and other contaminants used at the facility are handled and disposed of in accordance with the manufacturer's labels. At no time, are any chemicals or other contaminants, that are not designed for use in the waste storage and treatment system, disposed of in the system.}*

A) Chemicals & other contaminants used at my poultry operation are handled & disposed of in accordance with the manufacturer's ~~that are not~~ labels. At no time are any chemicals or other contaminants that are not designed for use in the waste storage & treatment system disposed of in the system.



## V. DISCHARGE POINT AND BEST MANAGEMENT PRACTICES (BMPs) RELATED TO A DISCHARGE POINT

For each discharge point, provide the following information in the table below:

- a descriptive name of the discharge point;
- the latitude and longitude of its location;
- the name of the nearest potential receiving water;
- all areas contributing manure, litter, process wastewater, or storm water from the facility; and
- the treatment received or BMPs utilized, installed or constructed prior to the discharge point.

| For DEQ Use:<br>I.D. Number | Discharge Point       | Latitude       | Longitude     | Name of Nearest Potential<br>Receiving Water | Area Contributing Flow         | Treatment or BMPs         |
|-----------------------------|-----------------------|----------------|---------------|--|--------------------------------|---------------------------|
|                             | 156 Low P<br>OUTLET P | 37559306 NORTH | 75320662 WEST | NONE ?                                       | WATER SHED &<br>POULTRY HOUSES | 10 MM POND<br>STORM WATER |
|                             | 2 DELOW P<br>OUTLET P | 37559306 NORTH | 75320662 WEST | NONE ?                                       | POULTRY HOUSES                 | BUFFER & REES             |
|                             | 3                     |                |               |  |                                |                           |
|                             | 4                     |                |               |  |                                |                           |
|                             | 5                     |                |               |  |                                |                           |

RECEIVED - DEQ

OCT 08 2015

Tidewater Regional  
Office

## VI. BEST MANAGEMENT PRACTICES (BMPs)

- A. BMPs are utilized, installed or constructed for each of the areas listed in Section V above.

☒ Yes ☐ No

- B. If no, please explain:

- C. Attach to this Addendum, a description of the BMPs listed above in Section V or a copy of the Farm Operating Manual (if already developed). The attached copy may be a hard copy or an electronic copy.

## VII. OTHER ATTACHMENTS (see instructions for requirements)

- A. The completed and signed Local Government Ordinance Form (LGOF) is attached:

☐ Yes ☐ No ☒ On file with DEQ

- B. A copy of the Department of Conservation and Recreation (DCR) Nutrient Management Plan (NMP) approval letter is attached:

☒ Yes ☐ No

## VIII. MORTALITY DISPOSAL METHODS

- A. Indicate the mortality disposal method or methods to be utilized to ensure compliance with the permit.

☐ Render ☒ Compost ☐ Incinerate ☐ Landfill ☐ Other:

- B. Attach to this Addendum, a description of the mortality disposal method or methods to be utilized to ensure compliance with the permit. Include a description of the site where the mortalities will be handled. The attached copy may be a hard copy or an electronic copy.

In the case of a catastrophic animal mortality, disposal methods will be consistent with appropriate practices and methods approved by the State Veterinarian's Office and this Department. These same practices and methods shall be documented in the Farm Operating Manual.

# POULTRY WASTE TRANSFER RECORDS - RECIPIENTS

Poultry Grower/ Poultry Waste Broker Information:

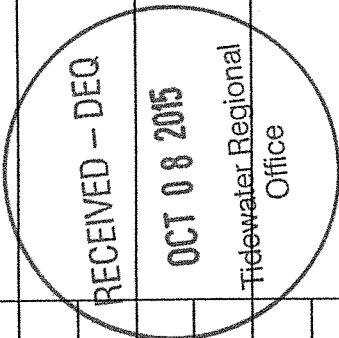
DEQ Registration # or Permit #: VP6250023

Name: Thomas Cook Business Name: PELAW FARM

Mailing Address: 7487 Lankford Hwy City: Dale Hall State: VA Zip: 23416

The following information is required to verify compliance with the requirements of the General Permit Regulation for Poultry Waste Management (9VAC25-630-50, 60 & 70) and § 62.1-44.17-1 of the Code of Virginia. This information pertains to the tracking of manure/litter sold or given away and must be recorded to comply with the law. By signing below, I acknowledge that I have received a copy of the most recent nutrient analysis of the poultry waste received and a copy of the DEQ approved Poultry Litter Fact Sheet that includes requirements for proper storage and management of poultry waste. If I am not the end user, I will provide a copy of the nutrient analysis and approved fact sheet to those whom I sell or give poultry waste.

| Date(s) | Tons | Litter Analysis<br>N-P-K<br>(lbs/ton) | Locality Where Waste<br>Will Be Utilized or Stored | Nearest Stream/<br>Waterbody To Land<br>Application or Storage | Recipient:       |  |
|---------|------|---------------------------------------|--|--|------------------|--|
|         |      |                                       |  |  | Name & Signature | Full Address or<br>Broker Registration # |
| 6/11/15 |      | WINROW                                | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
| 9/13/15 |      | WINROW                                | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |
|         |      |                                       | Town or City:<br>Zip:                              |  | Print:           |  |
|         |      |                                       |  |  | Signed:          |  |



Molly Joseph Ward  
Secretary of Natural Resources

Clyde E. Cristman  
Director



Joe Elton  
Deputy Director of Operations

Rochelle Altholz  
Deputy Director of Administration  
and Finance

**COMMONWEALTH of VIRGINIA**  
**DEPARTMENT OF CONSERVATION AND RECREATION**

600 East Main Street, 24<sup>th</sup> Floor  
Richmond, Virginia 23219  
(804)786-6124

January 8, 2015

Mr. Thomas Cook  
Pecan Farm  
7487 Lankford Highway  
Oakhall, VA 23416

Dear Mr. Cook:

Your Nutrient Management Plan (NMP), dated 7/1/2014, for 130000 Broilers located in Accomack County has been approved by the Virginia Department of Conservation and Recreation for coverage under a Virginia Pollution Abatement (VPA) or Virginia Pollutant Discharge Elimination System (VPDES) permit. Only nutrient recommendations for applications to be made after the date of this letter are approved by this letter. Your NMP was written by a nutrient management planner certified by the Virginia Department of Conservation and Recreation.

A copy of this letter must be kept with your nutrient management plan. A copy of this letter and a copy of the approved plan must be sent to the Regional Office of the Virginia Department of Environmental Quality (DEQ).

It should be noted that this plan expires 7/1/2019. We recommend the process of revising this nutrient management plan begin at least six months prior to the expiration date.

If you have any questions concerning this letter, please contact me at [bobby.long@dcr.virginia.gov](mailto:bobby.long@dcr.virginia.gov) or (434) 547-8172.

Sincerely,

A handwritten signature in cursive script that reads "Bobby Long".

Bobby Long  
Nutrient Management Coordinator – Animal Waste  
Division of Nonpoint Pollution Prevention

cc: Tim Sexton, DCR Nutrient Management Program Manager  
Brian Broadwater





Molly Joseph Ward  
Secretary of Natural Resources

Clyde E. Cristman  
Director



Joe Elton  
Deputy Director of Operations

Rochelle Altholz  
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Sincerely,

A handwritten signature in cursive script that reads "Bobby Long".

Bobby Long  
Nutrient Management Coordinator – Animal Waste  
Division of Nonpoint Pollution Prevention

cc: Tim Sexton, DCR Nutrient Management Program Manager  
Brian Broadwater

## NUTRIENT MANAGEMENT PLAN IDENTIFICATION

### Operator

Thomas D. Cook  
7487 Lankford Highway  
Oak Hall, VA 23416  
757-709-3713



**Integrator:** Mountaire Farms Inc.

### Farm Coordinates

Easting: 0, Northing: 0, zone: 17

### Watershed Summary

watershed: CB32  
county: Accomack

### Nutrient Management Planner

Brian Broadwater  
24199 Saxis Road  
Temperanceville, VA 23442

Certification Code: 732

### Acreage Use Summary

Total Acreage in this plan: 0.

Cropland: 0.  
Hayland: 0.  
Pasture: 0.  
Specialty: 0.

### Livestock Summary

Beef Cattle 0  
Dairy Cattle 0  
Poultry 130000  
Swine 0  
Other 0

### Manure Production Balance

|       | Imported | Produced | Exported | Used | Net |
|-------|----------|----------|----------|------|-----|
| kgals | 0.       | 0.       | 0.       | 0.   | 0.  |
| tons  | 0.       | 812.5    | 812.5    | 0.   | 0.  |

Plan written 7/1/2014

Valid until 7/1/2019

Signature: \_\_\_\_\_

Planner

7/1/14  
date

# **Pecan Farm Narrative**

**VPG # 250023**

Owned and operated by Thomas D. Cook, Pecan Farm, VPG250023 is a confined broiler operation located on FSA Farm 3162/Tract 76960 in Accomack County, Virginia in the town of Oak Hall on Lankford Highway. Mr. Cook contracts to raise chickens with Mountaire Farms, Inc., a local Integrator.

There are a total of four houses included in the Pecan Farm operation. Two poultry houses measure 42'x500', one measuring 60'x500' with the last house measuring 60'x400' with a maximum capacity of approximately 130,000 birds per flock. This yields an annual maximum production of 650,000 birds per year based on an average of 5 flocks produced per year. When maximum production capacities are realized, this farm generates approximately 813 tons of litter annually.

Litter management on the Pecan farm consists of windrowed in-house composting and scheduled cleanouts. In-house litter composting reduces disease pathogens in the litter and minimizes the number of times required for litter removal. A litter stacking shed and a 4 bin dead bird composter located on the Linton property provide sufficient litter storage and dead bird composting for the entire operation. All composted litter is transferred off the farm.

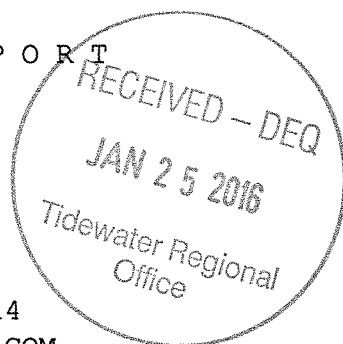
## ANIMAL WASTE ANALYSIS REPORT

Agricultural Service Laboratory  
Clemson University

LAB No. 60875

COOK, THOMAS  
7487 LANKFORD HWY  
OAK HALL VA 23416

ACCOUNT 0000000  
DATE 06/10/2014  
BROADWATERFARMS@YAHOO.COM



PREPAID

SAMPLE NO. 1 MANURE: BROILER STORAGE: COVERED

-----RESULTS REPORTED ON AN AS-SAMPLED BASIS-----

|  |          |     |         |
|--|----------|-----|---------|
|  |          |     | lbs/ton |
| Ammonium Nitrogen                        | 0.63     | %   | 12.60   |
| Organic Nitrogen                         | 3.62     | %   | 72.44   |
| -----                                    |          |     |         |
| INCORPORATED AVAILABLE NITROGEN ESTIMATE |          |     | 53.54   |
| SURFACE AVAILABLE NITROGEN ESTIMATE      |          |     | 49.76   |
| -----                                    |          |     |         |
| Phosphorus as P2O5                       | 2.33     | %   | 46.61   |
| Potassium as K2O                         | 2.27     | %   | 45.38   |
| Calcium                                  | 1.58     | %   | 31.57   |
| Magnesium                                | 0.44     | %   | 8.81    |
| Sulfur                                   | 1.33     | %   | 26.60   |
| Zinc                                     | 491.19   | ppm | 0.98    |
| Copper                                   | 379.01   | ppm | 0.76    |
| Manganese                                | 385.42   | ppm | 0.77    |
| Sodium                                   | 10936.88 | ppm | 21.87   |
| -----                                    |          |     |         |
| Moisture                                 | 19.87    | %   |         |

-----

INCORPORATED PLANT AVAILABLE NITROGEN ESTIMATE - 80% of ammonium-N, 60% of organic-N, and 100% of nitrate-N (if determined). Assumes the manure will be incorporated into the soil within hours of application. Assumes some loss of ammonium-N during application and prior to incorporation.

SURFACE PLANT AVAILABLE NITROGEN ESTIMATE - 50% of ammonium-N, 60% of organic-N, and 100% of nitrate-N (if determined). Assumes the manure will be left on the surface of the soil with no incorporation by plowing or irrigation.

Available nitrogen calculations are estimates and if nitrate-N was not requested the amount of available nitrogen may be slightly more than reported. Also, the actual amount may be more or less than the estimate depending on the composition of the manure, soil type, and environmental conditions.

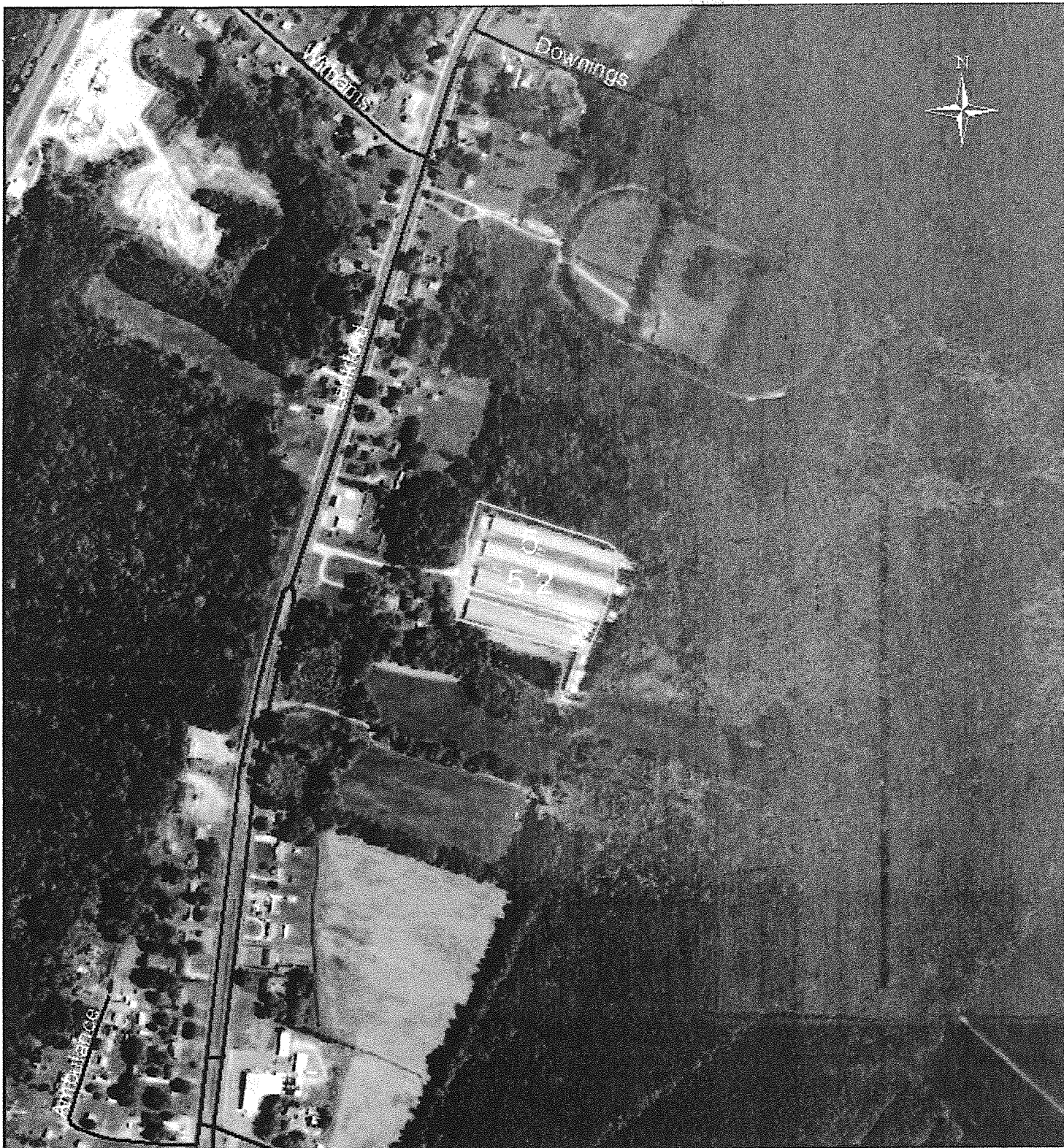
All of the potash in the animal waste should be plant available in the first year of application. Although not all of the phosphorous is available in the first year, its availability should be comparable to that in commercial fertilizers.

The rate of animal waste to apply for crop production is dependent on the nutrient content of the waste, method of application and incorporation, soil test, crop to be grown, and previous manure applications. In most cases, the

plant available nitrogen content of the waste is used to determine the rate of application.

The Agricultural Service Laboratory is a public service of Clemson University, an affirmative action and equal opportunity educational institution.

\*\* <http://www.clemson.edu/agsrvlb> \*\*



United States Department of Agriculture  
Farm Service Agency

August 07, 2013

Farm: 3162  
Tract: 76960

**Accomack County**  
1:6,000

Disclaimer: Wetland identifiers do not represent the size, shape or specific determination of the area.  
Refer to your original determination (CPA-026 and attached maps) for exact wetland  
boundaries and determinations, or contact NRCS.



Manure Production Summary

Manure Name: NewManure1

*Animal Summary*

Broiler: 130000

Manure Storage Capacity: 0. tons

*Manure Analysis:*

TKN: 72.44

P2O5: 46.61

NH4: 12.6

K2O: 45.38

*Plant Available Nutrients:*

Immediate Incorporation:

47.24 lbs N

46.61 lbs P2O5

45.38 lbs K2O

Surface Applied:

42.20 lbs N

46.61 lbs P2O5

45.38 lbs K2O

Residual N:

yr 1: 7.18 lbs

yr 2: 2.99 lbs

yr 3: 1.20 lbs

*Manure Production*

Dec-Feb 203

Mar-May 203

Jun-Aug 203

Sep-Nov 203

Total Produced: 813

Manure Sold/yr: 813

Manure purch./yr: 0

Poultry Manure Production Calculation Details

$$\text{production[tions/yr]} = (\# \text{ confined})[\text{birds}] * (\# \text{ cycles})[\text{cycles}] * (\text{prod factor})[\text{tions/cycle/K-bird}] * (0.001)[\text{K-bird/bird}]$$

| Group Name | animal  | %(?) confined | avg wt | prod factor | produced |
|------------|---------|---------------|--------|-------------|----------|
| Poultry    | Broiler | 100(130000)   | 4.00   | 1.25        | 812.5    |

**Nutrient Management Plan Special Conditions for  
Virginia Pollution Abatement (VPA) and Virginia Pollutant Discharge  
Elimination System (VPDES) Permits**

September 2011

**The following management practices will be utilized for poultry operations transferring litter and requiring a VPA or VPDES permit:**

1. Representative litter samples will be analyzed at a minimum of once every three (3) years for VPA permits and once per year for VPDES permits for the following: total nitrogen or total Kjeldahl nitrogen (TKN), ammonium nitrogen, total phosphorus, total potassium, calcium, magnesium, and percent (%) moisture. Separate samples shall be taken from all manure sources to be used for application (i.e. house, storage shed, etc.). All manure analyses shall be performed using laboratory methods consistent with *Recommended Methods of Manure Analysis*, publication A3769, University of Wisconsin, 2003 or other methods approved by the Virginia Department of Conservation and Recreation (DCR).
2. If poultry litter is stackable and contains less than 40% moisture, storage may be utilized for up to 14 days on sites meeting the following criteria:
  - Slope is not greater than 7%
  - Site must be at least 100 feet from any surface water, intermittent drainage, wells, sinkholes, rock outcrops and springs
3. Storage sites used for greater than 14 days must be identified in this plan. These sites which are not covered by a roof must meet the following criteria:
  - The litter can not be stored for greater than 180 days, and
  - The waste is covered with a waterproof reinforced tarp (ultraviolet resistant is preferable) or impermeable sheeting of 6 mil thickness or greater that is anchored against wind on the perimeter and weighted on top, and
  - The waste stockpile is protected from stormwater running onto or under it.
4. Loading areas around manure storage facilities and poultry houses that are exposed to rainfall will be maintained so that manure residue is minimal.
5. New waste storage facilities shall be designed, constructed and operated in accordance with the USDA-NRCS *Field Office Technical Guide* and other appropriate NRCS design criteria.
6. Composting of animal mortalities will be conducted in accordance with the latest guidance developed by Virginia Cooperative Extension.
7. This nutrient management plan will be revised at least once every five (5) years to make adjustments for litter nutrient analysis or prior to any waste application.
8. This nutrient management plan must be amended or modified and submitted to DCR for review and approval if animal numbers increase above the level specified in the plan or animal types including intended market weights are changed.

9. The litter transferred from this facility will be transferred in accordance with the Virginia Department of Environmental Quality's requirements and those of other regulatory agencies.
10. These conditions do not override any more restrictive plan requirements if required by other specific legislative, regulatory or incentive programs which apply to a specific operator.